

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>041-097</u> <i>5088</i>	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>DAVE</u> <u>MAXIM</u> P.O. Box, Bldg., Room No., if any Street <u>1957 BEVERLY SW</u> City <u>WYOMING</u> State <u>MICHIGAN</u> ZIP Code + 4 <u>49509</u>	4. Name, file number, and address of labor organization. Name <u>GRAPHIC COMMUNICATIONS AFL CIO</u> Labor Organization File Number <u>041-097</u> P.O. Box, Building and Room Number, if any Street <u>1957 BEVERLY SW</u> City <u>WYOMING</u> State <u>MICHIGAN</u> ZIP Code + 4 <u>49509</u>
5. Position in labor organization. <u>SECRETARY/TREASURER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions):

N/A CLERICAL ONLY

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income. 7. b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed _____	On _____ Date	<u>616 241-9455</u> Telephone Number

Name of Person Filing **DAVE MAXIM**File Number U- **041-097**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

N/A

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.



ROBERT L. VAN LOOZENoord C.P.A., P.C.

3901 CHICAGO DRIVE S.W., SUITE 101 • GRANDVILLE, MI 49418 • TELEPHONE (616) 532-4515

TO: Graphic Communications DATE: 7/20/05

PAYROLL TAX FILING INSTRUCTIONS

TYPE OF FORM

Form LM-30
Labor Organization Officer and
Employee Report

DUE DATE

Now

FOR PERIOD ENDING

- ☐ March 31
☐ June 30
☐ September 30
☒ December 31, 2004
☐ For the month of _____
☐ _____

TAX DUE

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MAIL TO

- ☐ Internal Revenue Service Center
Cincinnati, Ohio 45999
☐ Internal Revenue Service
P.O. Box 105703
Atlanta, GA 30348-5703
☐ Michigan Department of Treasury
Dept. 77003
Detroit, MI 48277-0003
☐ State of Michigan Unemployment Agency
P.O. Box 9052
Detroit, MI 48202-9052
☐ State of Michigan Unemployment Agency
P.O. Box 33598
Detroit, MI 48232-5598
☐ City Income Tax Department
P.O. Box 347
Grand Rapids, MI 49501-0347
☒ U.S. Department of Labor
Employment Standards Administration
Office of Labor Management Standards 200 Constitution Ave
Washington, DC 20016
☒ Use Attached Envelope

MAKE CHECK PAYABLE TO

- ☐ Internal Revenue Service
☐ Insert Social Security or Fed. I.D. No. on face
of check
☐ State of Michigan
☐ City of Grand Rapids Treasurer
☐ _____

SIGNATURES

- ☒ Sign Page No. 1 Dave Maxon
☒ Insert Date 7-25-05
☐ Affix Title
☐ Any Officer
☐ Owner
☐ Any General Partner
☐ President or Vice President
☒ Signed by Dave Maxon

MISCELLANEOUS

- ☐ The 'Clients Copy' attached hereto should be
retained for your record
☐ Deposit Payment with IBM coupon (attached)
(you have) at your bank
☐ _____

